

PLAINTIFF/PETITIONER/MOVANT'S NAME

PARRA VICTOR

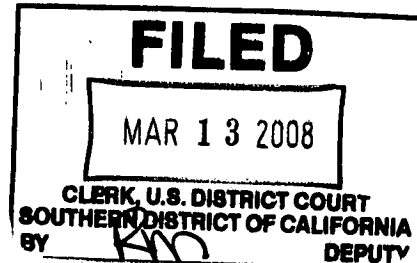
PRISON NUMBER

P- 58682**Richard J. Donovan Prison**

PLACE OF CONFINEMENT

P.O. Box 799002**San Diego CA 92179**

ADDRESS

In Prose

**United States District Court
Southern District Of California**

2254	<input checked="" type="checkbox"/>	1983
FILING FEE PAID		
Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
HFP MOTION FILED		
Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
COPIES SENT TO		
Court	<input checked="" type="checkbox"/>	ProSe <input type="checkbox"/>

'08 CV 0472 J LSP

Civil No. _____

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

PARRA VICTOR

Plaintiff/Petitioner/Movant

v.

TILTON E. JAMES

Defendant/Respondent

**MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I, **Victor Parra**

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration **Richard J. Donovan Correctional Facility San Diego**

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

NO but see Enclose Appeal (CDC) 602 form showing I owe them 100\$ and have 0 money.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

[Handwritten signature]

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

The year of 1994 Chino Corona Farms

3. In the past twelve months have you received any money from any of the following sources?:

- | | | |
|---|---|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Gifts or inheritances | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Spousal or child support | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| h. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

*100 dollar Gift which was confiscated see enclosed
Inmate Appeal.*

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): *[Handwritten signature]*

b. Present balance in account(s): *[Handwritten signature]*

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): *[Handwritten signature]*

b. Present balance in account(s): *[Handwritten signature]*

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: Year: Model:

b. Is it financed? ☐ Yes ☒ No

c. If so, what is the amount owed? *[Handwritten signature]*

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value.

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

NONE

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

10,000 restitution to California State

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

NONE

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

NONE

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE March 10, 2008

Victor Parra.

SIGNATURE OF APPLICANT

F2 6-2294p

INMATE/PAROLEE
APPEAL FORM
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME <u>PARRA VICTOR</u>	NUMBER <u>P-58682</u>	ASSIGNMENT <u>NONE</u>	UNIT/ROOM NUMBER <u>6F2-6-229</u>
-----------------------------	--------------------------	---------------------------	--------------------------------------

A. Describe Problem: My people sent a 50 dollar check and 100 dollar check to me to P.O. Box. 799007. For some reason for the past 2 months my account valance reflects 0

Have you Receive any money addressed to me?
The money was sent on December-2007

If you need more space, attach one additional sheet.

B. Action Requested: That my trust Account reflect the money received by the trust office addressed to me.

That I be advised how many other prisoners have lost 50 dollar money gifts.

Inmate/Parolee Signature: Victor Parra

Date Submitted: 2-28-08

C. INFORMAL LEVEL (Date Received: 3/6/08)

Staff Response:

According to our record 1 hundred dollar check was received 12/2/07. All checks are subject to a 30 day hold. your check was released 1/20/08. Because you owe restitution \$500 was automatically deducted from your \$100. Please see attached acct. info. you also have \$100.30

Staff Signature: E. Steward

Date Returned to Inmate: 3/6/08

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

You have failed to show how it is that I owed toward any holds - chargeable.
In order to be credited 45 dollars toward my account now I have to sue you for 100% plus the other 50%. Get ready to be sued. Enclosed is a Government Claim necessary for the exhaustion of remedies. Notice is now given you will be sued. Thanks.

Signature: Victor Parra

Date Submitted: 3-9-2008

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



WORKING YOURSELF

CDC 602 (12/87)

Date: _____

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other ☐ See Attached Letter

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

Signature: _____

Date Submitted: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Warden/Supervising Officer Signature: _____

Date Returned to Inmate: _____

Signature: _____

Date Completed: _____

☐ See Attached Letter

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____

Due Date: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

Signature: _____

Date Submitted: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: _____

Date to Inmate: _____

Division Head Approved: _____

Date Completed: _____

Title: _____

Title: _____

Interviewed by: _____

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____

Due Date: _____

First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

TS210B

CALIFORNIA DEPARTMENT OF CORRECTIONS
ITAS TRUST ACCOUNT DISPLAY

----- ACCOUNT INFORMATION ----- SPECIAL ITEMS -----

ACCOUNT NUMBER: P58682

ACCOUNT NAME: PARRA JR, VICTOR

ACCOUNT TYPE: I

CURRENT BALANCE: 0.90

HOLD BALANCE: 101.20

ENCUM. BALANCE: 0.00

AVAILABLE: 100.30-

ABNORMAL BALANCE

PRIVILEGE GROUP: D

LAST CANTEEN: 04/18/2006

----- ACCOUNT TRANSACTIONS -----TS210CA

DATE	TRAN	AMOUNT	DESCRIPTION	CHECK NUM	COMMENT	BALANCE
05/08/06	W515	2.00-	COPY CHARGE		4315/05-06	4.74
08/28/06	W515	1.50-	COPY CHARGE		0874/AUG06	3.24
09/05/06	W512	0.87-	LEGAL POSTAGE C		0957/LEGAL	2.37
09/05/06	W512	1.11-	LEGAL POSTAGE C		0957/LEGAL	1.26
09/05/06	W536	1.26-	COPAY CHARGE		0956/AUG06	0.00
12/21/07	DD31	45.00	CHECK DEPOSIT O		3147/POBOX	45.00

PAGE# 4 OF 6 PAGES

REST	ACCOUNT	PREVIOUS	NEXT	DISPLAY	SELECT	PRINT	MAIN
FINES	DISPLAY	PAGE	PAGE	HOLDS	NEW ACCT	SCREEN	MENU

TS210B

CALIFORNIA DEPARTMENT OF CORRECTIONS
ITAS TRUST ACCOUNT DISPLAY

----- ACCOUNT INFORMATION ----- SPECIAL ITEMS -----

ACCOUNT NUMBER: P58682

ACCOUNT NAME: PARRA JR, VICTOR

ACCOUNT TYPE: I

CURRENT BALANCE: 0.90

HOLD BALANCE: 101.20

ENCUM. BALANCE: 0.00

AVAILABLE: 100.30-

ABNORMAL BALANCE

PRIVILEGE GROUP: D

LAST CANTEEN: 04/18/2006

----- ACCOUNT HOLDS ----- TS210CB

STAT	HLD	DATE	TRANS	AMOUNT	DESCRIPTION	COMMENT	REL DATE	REL IN BATCH
R		06/25/07	H110	3.30	COPIES HOLD	5561/JUN07	03/04/08	
R		06/25/07	H110	4.00	COPIES HOLD	5561/JUN07	03/04/08	
R		06/25/07	H110	1.70	COPIES HOLD	5561/JUN07	03/04/08	
R		12/21/07	DD31	45.00	CHECK DEPOSIT	013147/POBOX	01/20/08	
R		03/03/08	H110	1.00	COPIES HOLD	4547/FEB08	03/04/08	
C		03/03/08	H110	1.00	COPIES HOLD	4547/FEB08	/ /	

PAGE# 1 OF 7 PAGES

REST	ACCOUNT	PREVIOUS	NEXT	SELECT	PRINT	MAIN
FINES	DISPLAY	PAGE	PAGE	NEW ACCT	SCREEN	MENU

TS210B CALIFORNIA DEPARTMENT OF CORRECTIONS
ITAS TRUST ACCOUNT DISPLAY

----- ACCOUNT INFORMATION ----- SPECIAL ITEMS -----

ACCOUNT NUMBER: P58682

ACCOUNT NAME: PARRA JR, VICTOR

ACCOUNT TYPE: I

CURRENT BALANCE: 0.90

HOLD BALANCE: 101.20

ENCUM. BALANCE: 0.00

ABNORMAL BALANCE

AVAILABLE: 100.30-

PRIVILEGE GROUP: D

LAST CANTEEN: 04/18/2006

----- RESTITUTION FINES -----RS403A

CASE NUMBER	DATE SENTENCED	COUNTY CODE	FINE AMOUNT	BALANCE	STATUS
ICR20445	10/06/1999	RIV	10,000.00	9,729.82	C

TO VIEW REST. XACTS, PLACE AN 'X' NEXT TO CASE #, AND PRESS F1

REST ACCOUNT
XACTS DISPLAY

DISPLAY SELECT PRINT ITAS
HOLDS NEW ACCT SCREEN MENU

TS210B

CALIFORNIA DEPARTMENT OF CORRECTIONS
ITAS TRUST ACCOUNT DISPLAY

----- ACCOUNT INFORMATION ----- SPECIAL ITEMS -----

ACCOUNT NUMBER: P58682

ACCOUNT NAME: PARRA JR, VICTOR

ACCOUNT TYPE: I

CURRENT BALANCE: 0.90

HOLD BALANCE: 101.20

ENCUM. BALANCE: 0.00

ABNORMAL BALANCE

AVAILABLE: 100.30-

PRIVILEGE GROUP: D

LAST CANTEEN: 04/18/2006

----- RESTITUTION ACCOUNT ACTIVITY (CASE: ICR20445) -----RS403B

DATE	TRAN	DESCRIPTION	AMOUNT	BALANCE
03/28/06	DF30	ADMIN FEE-CASH DEPOSIT	4.00-	
03/28/06	DR30	REST DED-CASH DEPOSIT	40.00-	9,779.82
12/21/07	DF31	ADMIN FEE-CHECK DEPOSIT	5.00-	
12/21/07	DR31	REST DED-CHECK DEPOSIT	50.00-	9,729.82

REST ACCOUNT
FINES DISPLAYDISPLAY SELECT PRINT ITAS
HOLDS NEW ACCT SCREEN MENU

VERIFICATION

STATE OF CALIFORNIA
COUNTY OF SAN DIEGO

(C.C.P. SEC.446 & 201.5; 28 U.S.C. SEC. 1746)

I, Victor Parra DECLARE UNDER PENALTY OF PERJURY
THAT: I AM THE Plaintiff IN THE ABOVE ENTITLED ACTION;
I HAVE READ THE FOREGOING DOCUMENTS AND KNOW THE CONTENTS THEREOF AND THE SAME IS
TRUE OF MY OWN KNOWLEDGE, EXCEPT AS TO MATTERS STATED THEREIN UPON INFORMATION, AND
BELIEF, AND AS TO THOSE MATTERS, I BELIEVE THEM TO BE TRUE.

EXECUTED THIS 9 DAY OF: March 20 08 AT Richard J. Donovan, Correctional Facility.

(SIGNATURE) Victor Parra
(DECLARANT PRISONER)

PROOF OF SERVICE BY MAIL

(C.C.P. SEC.1013 (a) & 2015.5; 28 U.S.C. SEC.1746)

I, Victor Parra AM A RESIDENT OF Richard J. Donovan Correctional Facility San Diego
County, STATE OF CALIFORNIA. I AM OVER THE AGE OF EIGHTEEN (18) YEARS OF AGE AND AM ~~NOT~~
A PARTY OF THE ABOVE-ENTITLED ACTION. MY STATE PRISON ADDRESS IS: P.O. BOX 799002, San Diego
California, ~~799002, P.O. Box~~ 92179-9002

ON March 9 20 08 I SERVED THE FOREGOING: Government Claim
Form and CDC 602 Form "Inmate Appeal."

(SET FORTH EXACT TITLE OF DOCUMENTS SERVED)

ON THE PARTY (S) HEREIN BY PLACING A TRUE COPY (S) THEREOF, ENCLOSED IN A SEALED ENVELOPE (S),
WITH POSTAGE THEREON FULLY PAID, IN THE UNITED STATES MAIL, IN A DEPOSIT BOX SO PROVIDED
AT 480 Attg Road, P.O. Box 799002, San Diego CA 92179

Government Claims-Board
P.O. Box 3035
San Diego CA 92179

Appeals Coordinator
P.O. Box 799006
San Diego CA 92179-9006

THERE IS DELIVERY SERVICE BY UNITED STATES MAIL AT THE PLACE SO ADDRESSED, AND THERE IS
REGULAR COMMUNICATION BY MAIL BETWEEN THE PLACE OF MAILING AND THE PLACE SO ADDRESSED.
I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

DATE: March 9-2008

Victor Parra
(DECLARANT PRISONER)